COMBINED DECLARATION AND POWER OF ATTORNEY

As the below named inventor, I hereby declare that:

FAX: 886-2-2369 7233

My residence, post office address and citizenship are as stated below next to my name and that I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

ACTIVE-MATRIX ORGANIC ELECTROLUMINESCENT DISPLAY PANEL AND FABRICATING METHOD THEREOF

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<u> X</u>	is attached hereto.				
	was filed on				
	as Application Ser	ial No	and was amended on_		·
ap ap for	ecification, including t I acknowledge the plication in accordand I hereby claim fore plication(s) for paten	the claims, as amended to duty to disclose informable with Title 37, Code of sign priority benefits und tor inventor's certificatent or inventor's certificatent.	nd understand the content by any amendment referred mation which is material to f Federal Regulations, § 1. der Title 35, United States Co to listed below and have ficate having a filing date be	ed to above. the patents 56(a). Code, § 119 also identifi	ability of t of any forei ed below a
	Number	Country	Date Filed(yyyy/mm/dd)	Yes	No
	92107721	Taiwan, R.O.C.	2003/4/4	Х	
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	SEND CORRESPONDENCE TO:		DIRECT TELEPHONE CALLS TO: (Name and telephone number)		
			`		

COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Signature: Chicw-Ju Lin Date: 2004. Jan. 19.

Sole or First Joint Inventor: Chiao-Ju Lin

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